

INITIAL VISIT STATEMENT

By my signature affixed below, I acknowledge that I have read and understand the warning statements listed hereon relating to tanning, and that, after signing this document, I have received a copy of same.

1. Failure to use the eye protection provided by this tanning facility may result in damage to the eyes.
2. Overexposure to ultraviolet light causes burns.
3. Repeated exposure may result in premature aging of the skin and skin cancer.
4. Abnormal skin sensitivity or burns may be caused by the reaction of
 - a. Foods;
 - b. Cosmetics;
 - c. Medications, including tranquilizers, diuretics, antibiotics, high blood-pressure medicines, and oral contraceptives
5. Any person taking a prescription drug or over-the-counter drug should consult a physician before using a tanning device.
6. A person should not sunbathe before or after exposure to ultraviolet radiation from sunlamps.

Print name of Tanning Bed/Booth User

Signature

Date

MINOR INITIAL VISIT STATEMENT

By my signature affixed below, I acknowledge that I have read and understand the warning statements listed hereon relating to tanning, and that, after signing this document, I have received a copy of same.

1. Failure to use the eye protection provided by this tanning facility may result in damage to the eyes.
2. Overexposure to ultraviolet light causes burns.
3. Repeated exposure may result in premature aging of the skin and skin cancer.
4. Abnormal skin sensitivity or burns may be caused by the reaction of
 - a. Foods;
 - b. Cosmetics;
 - c. Medications, including tranquilizers, diuretics, antibiotics, high blood-pressure medicines, and oral contraceptives
5. Any person taking a prescription drug or over-the-counter drug should consult a physician before using a tanning device.
6. A person should not sunbathe before or after exposure to ultraviolet radiation from sunlamps.

Print name of Tanning Bed/Booth User

Signature of User

Date of Birth of User

As Parent/Guardian or Tutor of the above-referenced minor, I hereby grant permission for said minor to utilize the tanning device(s) at this establishment. I have read and understand the preceding warning statements and do hereby agree that the minor will use approved protective eyewear. I also understand that if the above-referenced minor was born less than fourteen (14) years prior to the date indicated below, I must be present while the minor uses the tanning device(s).

Print name of Parent/Guardian/Tutor

Signature of Parent/Guardian/Tutor

Date